IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR ALLEN JOSEY DATE 5-22-92. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 70 W past White Oaks - T.L. on Helman Rd. - 4th residence on R. S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House [✓] Mobile Home [ ] Business [ ] Other Repair.

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes [ ] No [ ]

Auto. Dishwasher Yes [ ] No [ ]

Auto. Wash. Machine Yes [ ] No [ ]

Lot Area Ample.

Soil Characteristics _____

Application Rate _____

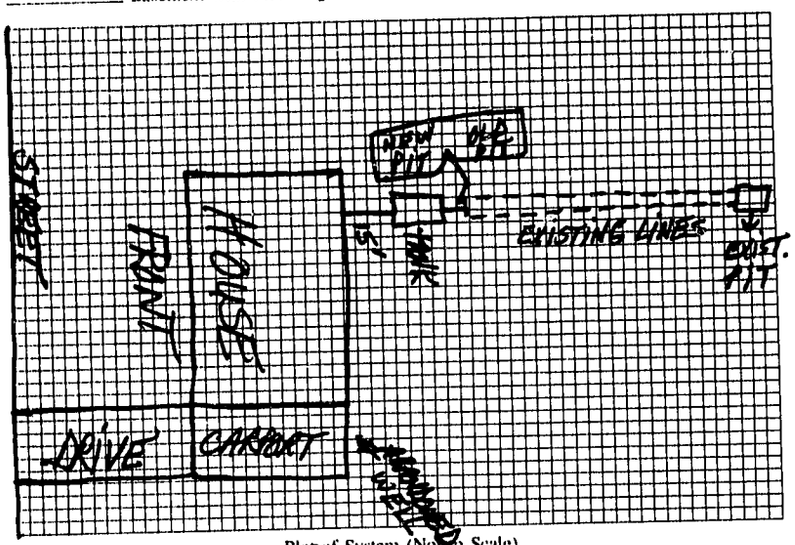
Topography _____

Depth to Water Table Repair.

Rock or other impervious formations _____

[✓] No Basement [ ] Crawl Space

_____ Basement with Plumbing _____ Basement without Plumbing



Plot of System (Not to Scale)

Size of Tank EXISTING. Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual [ ] Public [✓]

32 TON SUBSURFACE TRENCH INSTALLED.

Installed by Wes Lytton

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Steve Brown

COMMENTS New trench tied into last pit that was installed.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-22-92.

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold